

THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGIST
111 ST. JAMES COURT STE A, FRNKFORT, KY 40601
PHONE (502) 564-4262
FAX (502) 564-0481
WWW.KBHC.KY.GOV

MANAGER CHANGE APPLICATION

KBHC USE: APP# _____ SALON #: _____ DATE ISSUED: _____

PRINT THE INFORMATION REQUIRED & WRITE DISTINCTLY IN THE FOLLOWING SPACES.
****ALL SECTIONS MUST BE COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED. ****

Applications must be accompanied with the correct fee in the form of a cashiers check or money order.

CHECK LICENSE TYPE: ____ Beauty Salon \$35.00 ____ Nail Salon \$35.00 ____ Esthetic Salon \$125.00

TYPE OF SALON: ____ Business or ____ Residential County: _____

Salon Name: _____ Salon License Number: _____
(No more than 30 Characters)

Mailing Address: _____
(Street) (City) (State) (Zip code)

Physical Address: _____
(Street) (City) (State) (Zip code)

Business Phone Number: (____) _____ Social Security Number: _____
(Tax ID # if Owner is NOT licensed by KBHC)

Salon Owner: _____ Personal Contact Number: (____) _____
(Must be different from Business)

Owners Home Address: _____
(Street) (City) (State) (Zip code)

Salon Owners Signature: _____ Date: _____

Previous Salon Manager: _____ Date Terminated: _____

New Manager: _____ Signature of New Manager: _____

Cosmetologist, Nail Tech., or Esthetic License #: _____ Date: _____

The manager must be a current & Active Licensee (Cosmetologist, Nail Tech, or Esth.) in the State of Kentucky.

201 KAR 12:060 Section 4. (2) The Owner and Manager of each establishment licensed by the board are responsible for compliance with KRS Chapters 317A, 317B and 201 KAR Chapter 12.